File Number:
85-11314
For the reporting period ended December 31, 2002



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL					
OMB Number:	3235-0337				
Expires:	July 31, 2003				
Estimated average	ge burden				
hours per full res	ponse 6.00				
Estimated average	ge burden				
hours per interm	ediate				
response	1.50				
Estimated average	ge burden				
hours per minim	um				
response					

	ATTENTION:	INTENTIONAL MISSTATEM CONSTITUTE FEDERAL CRISE 18 U.S.C. 1001 and 15 U.S.C.	
	Il name of Registrant as stated not use Form TA-2 to change name		MAR 1 7 2003
UM	B Bank & Trust, Nati	onal Association	
a.	During the reporting period, (Check appropriate box.)	has the Registrant engaged a service cor	mpany to perform any of its transfer agent functio
	X All	☐ Some ☐ Non	e:
	YC (1	(a) is all an around muscide the named	(s) and transfer agent file number(s) of all serv
b.	company(ies) engaged:		
b.	company(ies) engaged: Name of Transfer Agent(s):		File No. (beginning with 84- or 85-):
b.	company(ies) engaged:		
b.	company(ies) engaged: Name of Transfer Agent(s):		File No. (beginning with 84- or 85-):
b.	company(ies) engaged: Name of Transfer Agent(s):		File No. (beginning with 84- or 85-): 85-10225 PROCESS
b.	company(ies) engaged: Name of Transfer Agent(s):		File No. (beginning with 84- or 85-): 85-10225
b.	company(ies) engaged: Name of Transfer Agent(s):		File No. (beginning with 84- or 85-): 85-10225 PROCESS
b.	company(ies) engaged: Name of Transfer Agent(s): UMB Bank, National	Association	File No. (beginning with 84- or 85-): 85-10225 PROCESS MAR 2 7 20
2 f	Name of Transfer Agent(s): UMB Bank, National During the reporting period,	Association	File No. (beginning with 84- or 85-): 85-10225 PROCESS MAR 2 7 20 THOMSON
ei E	During the reporting period, transfer agent functions? Yes If the answer to subsection (company(ies) engaged: Name of Transfer Agent(s): UMB Bank, National During the reporting period, transfer agent functions?	Association has the Registrant been engaged as a se No is yes, provide the name(s) and file nu as a service company to perform transf	File No. (beginning with 84- or 85-): 85-10225 PROCESS MAR 2 7 20 THOMSON

3.	a.	Registrant's app		icy		(Check one box	x only.)				
		Board of Go	vernors of the	e Federal I	Reserve Syst	em					
	Ъ.					ded Form TA-1 omplete, or mis				wing the date on whe box.)	ich
			mendment(s) ofile amendmole	ent(s)							
	c.	If the answer to	subsection (b) is no, pr	ovide an exp	olanation:				····	
										*	
		If t	he response	to any o	f question	s 4-11 below i	is none (r zer	o, enter "()."	
4.	Nu	mber of items rec	eived for tran	sfer durin	g the reporti	ng period:	••••••		************		_
5. a. Total number of individual securityholder accounts, including accounts in the Direct Registration System (DRS), dividend reinvestment plans and/or direct purchase plans as of December 31:					_						
	b.	Number of indivas of December								counts	
	C.	Number of indi-	vidual security	holder Di	RS accounts	as of December	31:		***************		_
	d.	Approximate per December 31:	ercentage of i	ndividual	securityhold	er accounts from	m subsect	ion (a)	in the follo	owing categories as	of
		Corporate	Corporate		Open-End	Limited	1	Municip	1	Other	
		Equity Securities	Debt Securities		Investment Company Securities	Partnersh Securitie	* 1	Secur	ities	Securities	
,											
6.	Nu	mber of securitie	s issues for w	nich Regis	trant acted i	n the following	capacities	, as of	December 3	01: 	
				Se	orporate ecurities	Open-End Investment Company	Limite Partner Securi	ship	Municipa Debt Securities	Securities	
	a.	Receives items and maintains th	ne master	Equity	Debt	Securities					
	b .	securityholder f Receives items i but does not ma	for transfer intain the								
	c.	master securityh Does not receive transfer but mai	e items for					-			

master securityholder files:

a.	ope of certain additional types of acti Number of issues for which dividen services were provided, as of Decer Number of issues for which DRS se Dividend disbursement and interest i. number of issues	nd reinvestment plan and/or mber 31: rvices were provided, as o paying agent activities con	f December 31:nducted during the reporting	g period:
	ii. amount (in dollars)			
. а.	Number and aggregate market value December 31:	e of securities aged record	differences, existing for mo	re than 30 days, as of
			Prior Transfer Agent(s)	Current Transfer Agent
	i. Number of issues		(If applicable)	
	ii. Market value (in dollars)			
b. с.	Number of quarterly reports regard SEC) during the reporting period, did the	ursuant to Rule 17Ad-11(c))(2):	
C.	(including the SEC) required by Ru		iy reports regarding ouy-ins	WILL IS ALA
	☐ Yes	□ No		
d.	If the answers to subsection (c) is n	o, provide an explanation t	for each failure to file:	
. a.	During the reporting period, has the as set forth in Rule 17Ad-2?	e Registrant always been in	compliance with the turnar	ound time for routine items
	☐ Yes	□ No	,	
•	If the answer to	subsection (a) is no, comp	plete subsections (i) throug	gh (ii).
	i. Provide the number of months compliance with the turnaround			
	ii. Provide the number of written in SEC and with its ARA that replications according to Rule 17Ad-	orted its noncompliance wi	ith turnaround time for rout	ine
	umber of open-end investment compa d distribution postings, and address of Total number of transactions proces	hanges processed during th	ne reporting period:	
	Number of transactions processed of			

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search

b. Number of lost securityholder accounts that have been remitted to states during the reporting period:

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title: Sv. uu Pri. Telephone number: Bibl860-3250 Date signed
Name of Official responsible for Form: (First name, Middle name, Last name)	Date signed (Month/Day/Year):
Franklin Charles Bramwell	03/14/03